

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32663

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2162

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community Institution
years, months or days)

8. (a) PRINT FULL NAME Dominick Ulrich, Sr.

8. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jeanette Ulrich 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased December 30, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 8 24 hr. min.

9. Birthplace Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Watchmaker

11. Industry or business Watchmaking

12. Name Not known

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Schmid

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant al Ulrich

(b) Address East St. Louis, Ill.

17. (a) Removal (b) Date thereof 9/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director John Kasady

(b) Address East St. Louis, Ill.

19. (a) SEP 27 1943 (b) Registrar's signature P. D. McParan

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St Clair 999
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3744 E. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A. 56 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 9-15-43
1943, to 9-24, 1943

that I last saw him alive on 9-23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Chr myocarditis

Due to Arteriosclerosis

Due to

Other conditions Cystitis, enlarged prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature P. D. McParan (M. D. or other) Dr. D.

Address Dr. D. Date signed 9-25-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 6 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.